

The dental workforce

“Maintenance of oral health through a lifetime requires timely receipt of advice for self-care, preventive therapies, early detection and treatment of problems, and restoration of function.”¹

Nevada State Oral Health Advisory Committee

Community Coalition for Oral Health

**Northern Nevada Dental Coalition
for Underserved Populations (CUSP)**



What are the Public Health Issues?

Oral Health in America: A Report of the Surgeon General released in 2000 states that the ratio of dentists to population is declining: in 1996 there were approximately 58.4 professionally active dentists per 100,000 people in the United States, down from 59.1 in 1990. The current ratio equates to one dentist for every 1,700 people.¹ In Nevada there are 1,864 residents per dentist.² As of March 2003, 13 Nevada counties are federally designated dental health professional shortage areas.³ Nevada has been the fastest growing state in the nation for the last 17 years and it is not unreasonable to expect this situation to continue.⁴ In addition to workforce issues, it is equally important to improve the oral hygiene practices of patients. Preventive services are clearly beneficial across all populations in Nevada.

*Issues Related to the Workforce:*⁵

- *In 2003, only 58% of parents of third graders reported that their child had seen a dentist within the last 12 months.*
- *11% of parents of third graders reported their child had never been to the dentist.*
- *20% of parents of third graders report they have trouble accessing care.*
- *Over 40% of adults have not visited a dentist or dental clinic within the last year.*
- *About 23% of adults have not received dental services for two or more years.*

Workforce discussions necessarily require assessing workforce distribution and workforce size. While related, these are different issues. It is clear that there is a maldistribution of dentists, and possibly hygienists, in Nevada. Large numbers of dental professionals congregate in urban areas of affluence. These areas generally offer a greater opportunity of achieving the income levels necessary to repay large educational debts accumulated during professional schooling. What then, is necessary to entice dentists to rural and underserved areas in Nevada?

The second question is whether the dental workforce size is sufficient. Accurately determining the existence of a shortage of dentists in the state is challenging. There is no universally accepted definition for an underserved area – something that would be very helpful. The fluctuations in the dental workforce are not monitored completely. The number of licensed dentists with Nevada addresses and the number of dentists entering practice in the state each year by any acceptable licensing method are available from the Nevada State Board of Dental Examiners. The most significant unanswered question is how many dental professionals leave practice in Nevada each year? Relocation, death and retirement decrease the dental workforce but we do not know by how much. What we need to know is the net gain or loss in practitioners.

While the struggle to strengthen the quality of dental workforce data continues, it is prudent to consider options to address whatever conclusion becomes evident. Many recommendations are possible and are presented here for consideration.

How are states addressing workforce issues?

Workforce issues are being addressed in other states in a number of ways and each has its pros and cons. More dentists and dental hygienists can be educated. The scope of services and the locations in which dental hygienists can provide services have been expanded. Other health care professionals can be utilized to provide screening and basic preventive services. Greater incentives to work with underserved populations can be provided. Finally, flexible licensure policies have been implemented for dentists and dental hygienists from other states wanting to assist in solving a state's recognized dental workforce problem.

What is Nevada doing?

- **Educating providers** - Nevada has one dental school and two dental hygiene schools. The University of Nevada, Las Vegas (UNLV) School of Dental Medicine opened in the fall of 2002. The first class of 75 students will graduate in 2006. Truckee Meadows Community College Dental Hygiene Program in Reno is a two-year program that accepts 12 students a year. The Community College of Southern Nevada (CCSN) Dental Hygiene Program in Las Vegas is also a two-year program. It accepts 30 students a year. CCSN also offers a degree completion program whereby licensed dental hygienists with an associate's degree can earn a bachelor's degree. The University of Nevada School of Medicine (UNSOM) established a Dental General Practice Residency (GPR) program based in Las Vegas in 1999. The GPR program accepts six residents a year. The program is one year in length and residents have the option of staying for a second year. UNSOM also established a Pediatric Dental Residency program based in Las Vegas in 2002. The program accepts three residents a year for the two-year residency. In May of 2004, the Board of Regents of the University and Community College System of Nevada (UCCSN) voted to establish an Orthodontic Residency Program at the UNLV School of Dental Medicine. The 24-27 month long program will accept 16 residents a year for the first two years and 24 per year thereafter.
- **Maintaining the scope of practice and practice locations for dental hygienists** - In 1996 the State Board of Dental Examiners adopted regulations that established "Authorized Practice," which allows dental hygienists to provide care without a dentist being present when the services are being delivered. In addition, hygienists working in a health facility, a school or a place in the state approved by the Board can provide these services without a dentist being present *and* without authorization from the patient's dentist. In 2004, the State Board of Dental Examiners expanded Authorized Practice to include placement of dental sealants, which are considered to be one of the most effective methods to prevent decay on the chewing surfaces of back teeth. In 2003, the Division of Health Care Financing and Policy (DHCFP) adopted a policy to allow dental hygienists working in public health settings to obtain Medicaid provider numbers and receive reimbursement for the services they provide in these settings.
- **Utilizing other health care professionals to provide screening and basic preventive services** – In 1999, the Nevada State Health Division's Oral Health Program developed the Healthy Smile-Happy Child Program. This program provides training to health care, social services and childcare professionals on the prevention of Early Childhood Caries, a severe form of tooth decay found in very young children. Participants are taught how to perform an oral health screening and to provide anticipatory guidance to prevent tooth decay. In addition, qualified health care professionals are instructed on the application of fluoride varnish. Fluoride varnish can prevent and even reverse early tooth decay. To date, almost 900 health care, social services, and childcare professionals have participated in the training. In 2001, the DHCFP issued a policy to pay physicians, nurse

practitioners and physician assistants to administer topical fluoride to the teeth of Medicaid clients who are under 21 years of age.

- **Supporting existing and creating new incentives to work with underserved populations** – The Western Interstate Commission for Higher Education (WICHE) provides funding for dental school tuition. Nevada residents who wish to attend dental school have a choice of two programs, the Professional Student Exchange Program (PSEP) and the Health Care Access Program (HCAP). In the PSEP, the student's tuition is paid directly to the school on the student's behalf at a reduced rate. The student must repay 25 percent of the support fee within five to ten years after graduation and return to Nevada to practice dentistry for as many years as the student received support. In the HCAP, the tuition is paid directly to the school on the student's behalf at a reduced rate. The student is not required to repay any portion of the funds. However, the student must return to Nevada and practice in a dentally underserved region or with a dentally underserved population as designated by the University of Nevada School of Medicine, Office of Rural Health or in Dental Health Professional Shortage Area (HPSA) as designated by the Federal Government for two years. The penalties on these programs are severe; if the student does not fill the requirements, the student is required to pay triple the principle and eight percent interest compounded daily. There are currently 72 dentists with a WICHE obligation.
- **Promoting Volunteerism** - The Nevada Dental Association now has two collaborative programs, which cover the entire state and match volunteer patients with underserved populations. The Northern Nevada Dental Health Program concentrates on Medicaid, Nevada Check-Up and uninsured children. The Southern Nevada One-Day-A-Year program concentrates on uninsured children and some elderly uninsured. The Nevada Dental Hygienists' Association is one of the lead partners in the Seal Nevada Program in which volunteer dental hygienists provide dental sealants to children in schools using portable dental equipment. The Southern Nevada Dental Hygienists' Association also provides Prophylaxis/Sealant days where volunteer dental hygienists provide preventive services to low-income children.
- **Licensing dentists and dental hygienists who have licenses in other states** – There are a variety of ways in which a dentist or dental hygienist with a license from another state can obtain a license to practice in Nevada. They may take the Nevada clinical examination, which is administered by the Nevada State Board of Dental Examiners, or they may obtain a license based on their credentials. Up until 2001, there were only two types of licensure by credential; "Limited" and "Restricted." Limited licenses are restricted to dentists or dental hygienists who have entered into a contract with the University and Community College System of Nevada (UCCSN) to provide services as a dental intern, resident, or instructor at an educational or outpatient clinic, hospital or other facility of UCCSN. Restricted licenses are for dentists who have entered into a contract with a facility approved by the Nevada State Health Division of the Department of Human Resources to provide publicly funded dental services exclusively to persons of low income for the duration of the restricted license. Dentists practicing with a Restricted License must practice under the supervision of a Nevada licensed dentist.

In 2001, the Legislature passed SB 133, which established three additional forms of licensure by credential; "Temporary," "Geographically Restricted" and "Specialty." A Temporary license is available to a dentist or dental hygienist who has practiced dentistry or dental hygiene pursuant to the laws of another state or territory or the District of Columbia for a minimum of five years. The holder of a Temporary license may practice in any community in the state. A dentist or dental hygienist with a Temporary license may apply for a permanent unrestricted license without taking

the clinical examination, after two years if the person has not been involved in a disciplinary action during the time they held a temporary license. A Geographically Restricted license is available to a dentist or dental hygienist who has held a license to practice dentistry or dental hygiene in another state, territory or the District of Columbia for less than five years. A holder of a Geographically Restricted license may only practice in a county in which dental or dental hygiene needs are underserved as that term is defined by the Officer of Rural Health of the University of Nevada School of Medicine or in a Federally Qualified Health Center (FQHC) or a nonprofit clinic in Washoe or Clark County that treats underserved populations. The holder of a Geographically Restricted license may apply to convert to a permanent unrestricted license after they have practiced dentistry or dental hygiene for three years at a minimum of 30 hours a week in the restricted geographical area or they have been under contract with a FQHC or non-profit in Washoe or Clark County for a minimum of three years. A Specialty license by credential is available to a dentist who has a license in another state and who presents a current certification as a diplomate from a certifying board approved by the Commission on Dental Accreditation of the American Dental Association. As of May 2004, Temporary, Limited, Restricted or Geographically Restricted Nevada licenses had been issued to 237 dentists. Of the 237 dentists, 118 (50%) had provided the Nevada State Board of Dental Examiners with a Nevada address. The remainder, have out-of-state addresses.

Strategies for Nevada's future:

- ✓ *Study the workforce effects, including dentist-to-population ratios, of licensure by credentials for dentists and dental hygienists from other states and the effects of participation in regional examining boards.*
- ✓ *Support licensure and practice incentives that attract dentists to underserved areas.*
- ✓ *Increase Medicaid reimbursement rates and simplify eligibility determination and reimbursement processes for Medicaid and Nevada Check-Up.*
- ✓ *Mirror Illinois law requiring dental examinations for kindergarten, second and sixth grade children.*
- ✓ *Allow volunteer service to apply towards continuing education requirements for dental professionals.*
- ✓ *Increase the number of Federally Qualified Health Centers and non-profits that provide dental services.*
- ✓ *Assist counties that have been designated as underserved in the establishment of community dental clinics that accept Medicaid and Nevada Check-Up clients and that provide a sliding fee scale for uninsured and working poor. This should include financial grants or funding for the services of dentists and hygienists.*
- ✓ *Continue funding and supporting the dental school and dental hygiene programs.*
- ✓ *Support the establishment of Baccalaureate degree dental hygiene programs to create future hygiene educators and provide hygienists access to higher-level public health education.*
- ✓ *Explore ways to support dental hygienists who wish to provide care in public health settings.*
- ✓ *Include oral health education in curricula of other health care professions.*
- ✓ *Partner with other health care professional associations to increase oral health knowledge through continuing education.*
- ✓ *Encourage private insurance companies to reimburse health care providers for oral health screening and the application of fluoride varnish.*
- ✓ *Continue to support WICHE.*

References:

1. U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health 2000.
2. Nevada State Health Division. Nevada Dentists 2002. Calculated from data provided by the Board of Dental Examiners and the State Demographer.
3. Nevada State Health Division. <http://health2k.state.nv.us/oral/statistics.htm>
4. University of Nevada, Reno press release. State Demographer: Nevada still the fastest growing state in the nation. <http://gov.state.nv.us/pr/2004/01-13UNR.htm>
5. Nevada State Health Division Bureau of Family Health Services. Oral Health Program Report 2003. <http://health2k.state.nv.us/oral/OralHealthAnnualRpt2003.pdf>